

<b>TRANSMITTAL SLIP</b>		DATE 1 AUG 1968
TO: Director of Medical Services		15 AUG 1968 <i>[Signature]</i>
ROOM NO. 1D4060	BUILDING Headquarters	
REMARKS:  <div style="text-align: center;"><i>[Signature]</i></div>  <b>EYES ONLY</b>		
FROM: Deputy Director for Support		
ROOM NO. 7D26	BUILDING Headquarters	EXTENSION 5454

FORM NO. 241  
1 FEB 55

REPLACES FORM 36-8  
WHICH MAY BE USED.

(47)